

City of Iowa City  
Complaint Form  
Americans with Disabilities Act (ADA)  
**\*Printable Form Only\***

**Section 1:**

Please fill in completely and legibly. If the information is incomplete or it cannot be read, the complaint will not be investigated.

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Last Name	Middle Initial	First Name
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Street Address	City	State	Zip Code
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Telephone Number (including area code)	Best time to call this number
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Alternative Telephone Number (including area code)	Best time to call this number
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Email Address

**Section 2:**

Please provide a complete description of the specific issue(s) you believe are inconsistent with Title II of the Americans with Disabilities Act (use additional pages as necessary and provide documentation supporting the allegation).

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**Section 3:**

Please provide the specific location(s) of the ADA issues prompting this complaint.

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**Section 4:**

Please provide the date when the ADA non-compliance occurred/was noted.

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**Section 5:**

Please state as specifically as possible what you think should be done to resolve the complaint.

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Please sign and date this form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail Completed Complaint for to:

ADA Coordinator/Assistant to the City Manager City  
Manager's Office  
410 E Washington St.  
Iowa City, Iowa 52240

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**For Office Use Only:**

\_\_\_\_\_  
Date received

\_\_\_\_\_  
Date investigated

Results (with supporting documentation or photographs):

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\_\_\_\_\_  
Date Complainant contacted

Method of Contact: \_\_\_\_\_ Phone  
\_\_\_\_\_ Letter  
\_\_\_\_\_ Email

Complaint Resolved? \_\_\_\_\_ Yes  
\_\_\_\_\_ No